

PART B - FEE(S) TRANSMITTAL

132192106 US

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7590 06/16/2003

JAMES F HALEY
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/923,138	09/04/1997	RAJU KUCHERLAPATI	CELL-4.8	2306

TITLE OF INVENTION: HUMAN ANTIBODIES DERIVED FROM IMMUNIZED XENOMICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	09/16/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WEHDE, ANNE MARIE SABRINA	1632	800-006000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Fish & Neave2. James F. Haley, Jr.3. Jane T. Gunnison

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ABGENIX, INC.

Fremont, California

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 15 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1075 (enclose an extra copy of this form).

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(Authorized Signature) JM Haley (Date)

R. Minako Pazdera, Reg. No. 46,984 09/04/03

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09/09/2003 AADOF02 00000005 08923138

01 FC:1501 1300.00 OP
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